

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	08877455	FILING DATE
						APPLICANT(S)		
						CLAIMS		
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							51	
2							52	
3							53	
4							54	
5							55	
6							56	
7							57	
8							58	
9							59	
10							60	
11					/		61	
12					/		62	
13					/		63	
14					/		64	
15					/		65	
16					/		66	
17					/		67	
18					/		68	
19					/		69	
20					/		70	
21					/		71	
22					/		72	
23					/		73	
24							74	
25							75	
26							76	
27							77	
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40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.							TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	